

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035633

STATE FILE NUMBER

Registration District No.

109

Primary Registration District No.

4180

Registrar's No.

36

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY Dunklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Campbell

Length of stay in 1b

3 weeks

c. CITY

OR TOWN Dexter

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Gen. Bapt. Rest Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Rachel

Middle

Ann

Last

Ezell

4. DATE OF DEATH

Month

Day

Year

October 5, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-17-1872

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

housewife

11. BIRTHPLACE (City and state or country)

Dexter, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Armstead Dowdy

13b. MOTHER'S MAIDEN NAME

Nancy Mary Howell

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

X X X X X X X X

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Delbert Ezell Ellington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHIAL PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIO SCLEROTIC HEART DISEASE

8 YEARS

DUE TO (c)

CANCER OF SKIN, RIGHT CHEEK

2 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 25 SEPT 63 to 5 OCT 63 and last saw her alive on 5 OCT 63

Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles S. Williams M. D.

22b. ADDRESS

MALDEN, Mo.

22c. DATE SIGNED

10-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10-7-63

23c. NAME OF CEMETERY OR CREMATORY

Armstead Dowdy Cem.

23d. LOCATION (City, town, or county)

Dexter, Mo. Rural

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins & Sons

Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

10-10-63

26. REGISTRAR'S SIGNATURE

Mrs. Bertha Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10350

2 10352

3

4 1

5 2

6

7 0

8 2

94200H

10

11

12 86-11

13 7-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.